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**INDUSTRY STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

WS/T 621-2018

**Medical transfer records from pre-hospital medical organization
to emergency department of hospital
(English Translation)**

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Foreword

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

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Pre-hospital emergency department and hospital emergency department patient's conditional transfer order

1 Scope

This standard stipulates the paper tolerance, writing format, content and the patient's conditional transfer order when the patient is transferred from the pre-hospital emergency department to the hospital emergency department.

Storage and other requirements.

This standard is applicable to the medical staff established and used by medical staff in

pre-hospital emergency institutions at all levels of the country and hospital emergency departments.

Orders.

2 Normative references

The following documents are indispensable for the application of this document. In the following documents, dated references are only dated versions.

This applies to this document; for undated references, the latest edition (including all amendments) applies to this document.

WS/T 390-2012 Hospital emergency department standardization process DA/T 11
Document Paper Durability Test Method DA/T 16 archival material durability test method

3 Terms and definitions

The following terms and definitions apply to this document.

Pre-hospital first aid institution and hospital emergency department patient transfer record from pre-hospital Medical organization to emergency department of hospital Pre-hospital emergency physicians' written records of treatment,, response, and precautions in the pre-hospital emergency Hereinafter referred to as the transfer order).

4 Technical requirements for handing over paper durability and recording pen

The technical requirements for the transfer of single-recording paper should meet the technical requirements for general durable paper in DA/T 11.

The blackout pen or black-and-blue pen should be used for the transfer order record, and the ordinary "ballpoint pen" should not be used.

5 Transfer order writing requirements

5.1

The transfer order shall be at least three copies. The patient, the pre-hospital emergency department, and the receiving hospital shall each hold one copy, and the copy paper may be applied.

5.2

The durability of writing materials such as ink, signature ink and carbon paper for writing the transfer order should meet the requirements of DA/T 16.

5.3

The various records in the handover order should use Chinese simplified or universal foreign language abbreviations, without the symptoms, signs and disease names of the official Chinese translation.

We can use foreign texts.

5.4

All kinds of records should be written in accordance with the medical terminology, the text is neat, the writing is clear, the expression is accurate, the statement is fluent, and the punctuation is correct.

5.5

When a typo occurs during the writing of the transfer order, the double horizontal line is applied to the typo, and the original record is kept clear and identifiable. The modified person is modifying Signature, and indicate the date of modification and the specific time (accurately to the point), should not be masked or removed by scraping, sticking, coating, etc.

Handwriting.

5.6

The higher-level medical staff has the responsibility to review and revise the transfer order written by the lower-level medical staff, but the written transfer order content should not be altered.

The transfer order should be signed by the primary emergency physician. The delivery order written by the intern medical staff and the medical staff during the probation period shall pass through the medical machine.

The registered medical staff (with doctors) review, identify and sign.

5.7

Printed Delivery Orders are the various records that are generated and printed using word processing software (such as Word documents, WPS documents, etc.).

The printed delivery order shall be entered in accordance with the requirements of this standard and printed in time, signed by the appropriate medical staff. Medical institution the printed delivery order should be unified with paper, font, font size and typesetting format. The printed writing should be clear and easy to recognize, and the paper should conform to DA/T.

11 Technical requirements for general durable paper. The printed delivery order should be modified in accordance with the permission requirements during the editing process.

The transfer order printed and signed shall not be altered. If the entry error is found, it shall

be modified according to the modification requirements of 5.5 of this standard.

6.1 Overview

The delivery order shall be timely, truthful, objective, accurate, complete and standardized. The content should include general information and medical information of the patient.

Annex A.

6.2 Pre-hospital first aid institution name

The name of the pre-hospital emergency agency responsible for transshipment should be indicated on the handover order.

6.3 General information and transfer information of patients

The general information of the patient in the transfer order should include name, gender, age, location of the disease, transfer to the hospital, delivery time, and emergency vehicle number.

6.3.1 Name

The name displayed on the patient's valid ID. If the patient is unable to provide a valid ID, they can be recorded by the name provided by the patient.

Verify with a valid ID. Patients who are unconscious and do not carry a valid ID with them may be given a unique logo or no., when the patient's valid identity information is obtained, correct it.

6.3.2 Gender

The gender of the patient in the delivery order should be the same as the gender in the valid ID provided by the patient.

6.3.3 Age

The age in the delivery order is based on the age of the date of birth of the valid ID. Emergency rescue can be provided by patient or family the age or date of birth is determined. Adults and post-school children, adolescents are accurate to (week) age; newborns should be accurate to the day; infants it should be accurate to the month; children and preschool children should also be accurate to the moon.

6.3.4 Location of the disease

The place where the patient's disease or trauma occurs. The location of the disease should be written to the district, street, and house number. If there is no exact number of the house